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**FAX TRANSMISSION****DATE:** December 16, 2005**PTO IDENTIFIER:** Application Number 10/649,068-Conf. #4645  
Patent Number**Inventor:** Joseph L. Mark et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** RADER, FISHMAN & GRAUER PLLC  
Linda D. Kennedy**PHONE:** (248) 594-0619**Attorney Dkt. #:** 65937-0037**PAGES (Including Cover Sheet):** 13**CONTENTS:** Transmittal (1 page)  
Fee Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (10 pages)  
Certificate of Transmission (1 page)  
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PTO/SB/21 (09-04)

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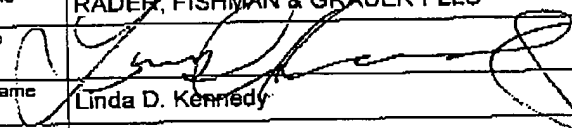
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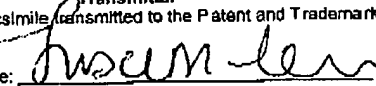
<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/649,068-Conf. #4645
	Filing Date	August 27, 2003
	First Named Inventor	Joseph L. Mark
	Art Unit	3737
	Examiner Name	R. S. Smith
Total Number of Pages in This Submission	Attorney Docket Number	65937-0037

**ENCLOSURES (Check all that apply).**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	RADER, FISHMAN & GRAUER PLLC	
Signature		
Printed name	Linda D. Kennedy	
Date	December 16, 2005	Reg. No. 44,183

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Dated: December 16, 2005	Signature:  (Lisa M. Terry)

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PTO/SB/17 (12-04v2)

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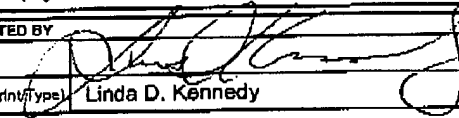
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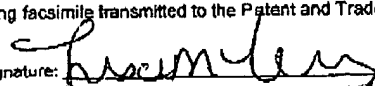
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/649,068-Conf. #4645</b> Filing Date <b>August 27, 2003</b> First Named Inventor <b>Joseph L. Mark</b> Examiner Name <b>R. S. Smith</b> Art Unit <b>3737</b> Attorney Docket No. <b>65937-0037</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>525.00</b>			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: <b>18-0013</b> Deposit Account Name: <b>Rader, Fishman &amp; Grauer PLLC</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
49	- 36 =	13	x 25 =	325.00			
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
6	- 4 =	2	x 100 =	200.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b> Signature  Name (Print/Type) <b>Linda D. Kennedy</b>		Registration No. (Attorney/Agent) <b>44,183</b>	Telephone <b>(248) 594-0619</b>
		Date <b>December 16, 2005</b>	

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Application No. (If known): 10/649,068

Attorney Docket No.: 65937-0037

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Lisa M. Terry

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Docket No.: 65937-0037  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Joseph L. Mark et al.

Application No.: 10/649,068

Confirmation No.: 4645

Filed: August 27, 2003

Art Unit: 3737

For: INTRODUCTION SYSTEM FOR  
MINIMALLY INVASIVE SURGICAL  
INSTRUMENTS

Examiner: R. S. Smith

**RESPONSE TO NOTICE UNDER § 1.121**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

Prior to examination on the merits, please amend the above-identified U.S. patent  
application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on  
page 4 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

12/19/2005 MBINAS 00000048 180013 10649068

01 FC:2202 325.00 DA  
02 FC:2201 200.00 DA